

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION**

**Wiser Choice Program**

9201 W. Watertown Plank Road  
Milwaukee, WI 53226

ph: (414) 257-8095  
fax: (414) 454-4242

**SERVICE AUTHORIZATION TO REQUEST RSC SERVICES**

For clinical treatment providers to request RSC Services

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Requesting Clinical Treatment Agency:** \_\_\_\_\_

**Requesting Clinical Treatment Staff:** \_\_\_\_\_

Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Treatment days and times: \_\_\_\_\_

**SECTION 1: DEMOGRAPHICS**

CLIENT ID # \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 2: CURRENT CONTACT**

Relationship to Client: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

**SECTION 3: RSC SERVICES REQUEST AND EXPLANATION**

☐ Client has recovery support service needs that cannot be met through natural and informal community supports. *(Please describe in detail under attached ASAM.)*

EXPLANATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BHD USE ONLY**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ **APPROVED**  
☐ **DENIED**

**BHD DATE STAMP**